

## APPLICATION INFORMATION

Application Type:: REGULAR  
Subject Matter:: UTILITY  
CD-ROM or CD-R?:: NONE  
Title:: PHARMACEUTICAL FORMULATIONS  
COMPRISING PARAOXONASE  
Attorney Docket Number:: 294625US40PCT  
Total Drawing Sheets:: 2

## INVENTOR INFORMATION

Applicant Authority Type:: INVENTOR  
Primary Citizenship Country:: Japan  
Status:: FULL CAPACITY  
Given Name:: Naomi  
Family Name:: ASAHARA  
City of Residence:: Tokyo  
Country of Residence:: Japan  
Street of Mailing Address:: c/o Mitsubishi Pharma Corporation,  
Tokyo Office, 2-6, Nihonbashi-honcho 2-  
chome, Chuo-ku  
City of Mailing Address:: Tokyo  
Country of Mailing Address:: Japan  
Postal or Zip Code of Mailing Address:: 103-8405  
Applicant Authority Type:: INVENTOR  
Primary Citizenship Country:: Japan  
Status:: FULL CAPACITY  
Given Name:: Motonori  
Family Name:: HASHIMOTO  
City of Residence:: Tokyo  
Country of Residence:: Japan  
Street of Mailing Address:: c/o Mitsubishi Pharma Corporation,  
Tokyo Office, 2-6, Nihonbashi-honcho 2-  
chome, Chuo-ku  
City of Mailing Address:: Tokyo  
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Applicant Authority Type:: INVENTOR  
 Primary Citizenship Country:: Japan  
 Status:: FULL CAPACITY  
 Given Name:: Satoshi  
 Family Name:: YUKI  
 City of Residence:: Tokyo  
 Country of Residence:: Japan  
 Street of Mailing Address:: c/o Mitsubishi Pharma Corporation,  
 Tokyo Office, 2-6, Nihonbashi-honcho 2-  
 chome, Chuo-ku  
 City of Mailing Address:: Tokyo  
 Country of Mailing Address:: Japan  
 Postal or Zip Code of Mailing Address:: 103-8405

#### CORRESPONDENCE INFORMATION

Correspondence Customer Number:: 22850

#### REPRESENTATIVE INFORMATION

Representative Customer Number:: 22850

#### DOMESTIC PRIORITY INFORMATION

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	National Stage of	PCT/JP05/01665	02/04/05

#### FOREIGN PRIORITY INFORMATION

Application Number:	Country::	Filing Date::	Priority Claimed::
2004-027727	Japan	02/04/04	YES

#### ASSIGNMENT INFORMATION

Assignee Name:: Mitsubishi Pharma Corporation  
 Street of Mailing Address:: 6-9, Hiranomachi 2-chome, Chuo-ku  
 City of Mailing Address:: Osaka-shi  
 State or Province of Mailing Address:: Osaka  
 Country of Mailing Address:: Japan  
 Postal or Zip Code of Mailing Address:: 541-0046